Suffolk County Form SCEX 22 Contractor's/Vendor's Public Disclosure Statement

Pursuant to Section A5-7 of the Suffolk County Administrative Code, this Public Disclosure Statement must be completed by all contractors/vendors that have a contract with Suffolk County. In the event contractor/vendor is exempt from completing paragraphs numbered 1 through 11 below, so indicate at paragraph number 12 below setting forth the reason for such exemption. Notwithstanding such exempt status, you must execute this form below before a notary public.

1.	Contractor's/Vendor's Name:
	Address:
	City and State: Zip Code:
2.	Contracting Department's Name: Suffolk County Department of Health Services
	Address: 225 Rabro Drive East, Hauppauge, New York 11788
3.	Payee Identification or Social Security No.:
4.	Payee Identification or Social Security No.:Sole ProprietorshipOther
5.a	Is contractor/vendor entering into or has contractor/vendor entered into a contract with Suffolk County in excess of \$1,000?YesNo.
5.b	Has contractor/vendor entered into three or more contracts, including the one for which you
	are now completing this form, with Suffolk County, any three of which, when combined, exceed
	\$1,000?YesNo. If you answered yes to either part 5.a or 5.b, you must
	complete parts 6 through 9. In any event you must complete items 10 and 13.
6.	Table of Organization. List names and addresses of all principals; that is, all individuals serving
	on the Board of Directors or comparable body, names and addresses of all partners, and
	names and addresses of all corporate officers. Conspicuously identify any person in this table
	of organization who is also an officer or an employee of Suffolk County. (Attach additional
	sheet if necessary).
7.	List all names and addresses of those individual shareholders holding more than five percent
	(5%) interest in the contractor/vendor. Conspicuously identify any shareholder who is also an
	officer or an employee of Suffolk County. (Attach additional sheet if necessary).
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8.	Does contractor/vendor derive 50% or more of its total revenues from its contractual or vendor
^	relationship with Suffolk County?YesNo.
9.	If you answered yes to 8 above, you must submit with this disclosure statement, a complete
	financial statement listing all assets and liabilities as well as a profit and loss statement. These
10.	statements must be certified by a Certified Public Accountant. (Strike this out if not applicable.)
IU.	The undersigned shall include this Contractor's/Vendor's Public Disclosure Statement with the contract. (Describe general nature of the contract.)
	contract. (Describe general nature of the contract.)
11.	Remedies. The failure to file a verified public disclosure statement as required under local law
11.	shall constitute a material breach of contract. Suffolk County may resort, use or employ any
	remedies contained in Article II of the Uniform Commercial Code of the State of New York. In
	addition to all legal remedies, Suffolk County shall be entitled, upon a determination that a

breach has occurred, to damages equal to fifteen percent (15%) of the amount of the contract.

12.	If you are one of the entities listed below at a) through c) or you qualify under d) below, you are exempt from completing paragraphs numbered 1 through 11 herein: a) Hospital
	b) Educational or governmental entities
	c) Not-for-profit corporations
	d) Contracts providing for foster care, family day-care providers or child protective
	services
	Please check to the left side of the appropriate exemption.
13.	Verification. This section must be signed by an officer or principal of the contractor/vendor authorized to sign for the company for the purpose of executing contracts. The undersigned being sworn, affirms under the penalties of perjury, that he/she has read and understood the foregoing statements and that they are, to his/her own knowledge, true.
	Dated: Signed:
	Printed Name of Signer:
	Title of Signer:
	Name of Contractor/Vendor:
	UNIFORM CERTIFICATE OF ACKNOWLEDGMENT (Within New York State)
	TE OF NEW YORK) NTY OF) ss.:
satisf instru and tl	in the year before me, the undersigned, personally ared personally known to me or proved to me on the basis of factory evidence to be the individual(s) whose name(s) is (are) subscribed to the within ament and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies) hat by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of the individual(s) acted, executed the instrument.
(signa	ature and office of individual taking acknowledgment)
	UNIFORM CERTIFICATE OF ACKNOWLEDGMENT (Without New York State)
STAT COUI	TE OF) NTY OF ·) ss.:
instru and th which	day of in the year before me, the undersigned, personally ared personally known to me or proved to me on the basis of actory evidence to be the individual(s) whose name(s) is (are) subscribed to the within ment and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies) hat by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of the individual(s) acted, executed the instrument.
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